



Scott Brabant
Board Chair

Luis B. Pérez, LCSW
President & CEO

**Insurance and Real Estate Committee
Public Hearing, May 14, 2021**

**Testimony regarding:
Public Act No. 19-159: AN ACT CONCERNING MENTAL HEALTH AND SUBSTANCE USE
DISORDER BENEFITS.**

Senator Lesser, Representative Wood, Representative Comey, Senator Anwar, and Distinguished Members of the Insurance and Real Estate Committee:

My name is Suzi Craig and I am the Chief Strategy Officer and Registered Lobbyist at Mental Health Connecticut (MHC) a community-based non-profit providing recovery-based services across Connecticut.

I also help lead the CT Parity Coalition (www.ctparitycoalition.org), a state-wide group of 25+ organizations, associations, and individuals who, in 2019, mobilized the many efforts of previous advocates and legislators to help support the passing of the law we are discussing today. [Public Act No. 19-159](#) ensures that Connecticut's private insurance plans comply with the Federal law's regulations set forth in the Mental Health Parity and Addiction Equity Act (MHPAEA) enacted in 2008.

The 2008 Federal law says that insurance coverage for mental health and addiction care should be no more restrictive than insurance coverage for any other medical condition. Because the Federal Parity Law is very complex and implementation of the law is challenging, Connecticut joined over 30 other states who have enacted (are in the process of enacting) parity laws to standardize compliance with the federal law.

Across the country, compliance is generally accepted as:

- Establish reporting requirements for insurers to demonstrate how they design and apply their managed care tactics, so regulators can determine if there is compliance with the law
- Specify how state insurance departments can implement parity and then report on their activities

As you know, Connecticut's 2019 law requires private insurance carriers to submit data that will allow regulators and lawmakers to identify the disparities in coverage for behavioral health.

The 2019 parity law states that "no later than March 1, 2021 and annually thereafter," each health carrier is required to submit a report to the Insurance Commissioner containing data that shows how medical necessity was determined, a description of all nonquantitative treatment limitations (NQTLs), and the processes and criteria that were used to make determinations for medical necessity and NQTLs. Once received, the data is then submitted to the General Assembly, Attorney General, Healthcare Advocate, and the Office of Health Strategy no later than April 15, 2021 (and each year thereafter).



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As I understand it, CT's Insurance Department is currently unable to create the necessary reports for review. We believe that this is due to the extensive amount of data that was received that will require substantial organization before it can be analyzed and reviewed.

For solutions and next steps, the CT Parity Coalition will defer to the best practices and recommendations that you will hear / have heard from our friends at the Kennedy Forum and the American Psychiatric Association (APA). You may remember that Connecticut's 2019 parity law is based on the national model that experts from these organizations helped create. These organizations work with other states to create pathways to work together with insurance carriers to streamlining the process of data collection and identification of non-compliance which, ultimately, results in equity in health care coverage.

I encourage this Committee to learn more about how other states have overcome this hurdle so that we can make real progress. Along with understanding how other states have improved compliance, there are resources out there to help improve this process, such as the [U.S. Department of Labor's Self-Compliance Tool for MHPAEA](#), which helps group health plans, plan sponsors, plan administrators, health insurance issuers, and other parties determine if a group health plan or a health insurance issuer complies with the Federal law.

Nationally, 30+ states are considering, currently adopting, or have adopted legislation similar to Connecticut to standardize compliance with the federal law. Please support the work that has been done on the national stage, and here at home, to ensure that Connecticut continues to improve on this essential legislation.

I want to thank you for supporting legislation that will encourage Connecticut's ability to invest in our friends and neighbors, and to strive to achieve a more equitable approach to health.

Thank you for your time and for your service,

Suzi Craig